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Memorandum

Report []

Publication [ ]

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Other (Specify) [ ]

a. If letter or memo:

To:

H. H. Ferguson

From:

T. C. Roy

Subject:

IODINE SKIN PENETRATION

EXPERIMENT, ROY-2-66N.

b. If report:

Title:

4. Document Date:

December 20, 1966

c. If publication:

Name:

Volume:

Issue:

5. Summary (2-3 lines indicating the major subject(s) of the document): Letter transmits attachment, which is **DRAFT** proposed INC Standard Practice which assures responsibility and authority for the conduct of the experiment, and records the consent of each volunteer.

6. Name and telephone number of person completing form:

Burton R. Baldwin (208) 525-0203

7. Organization:

Lockheed Idaho Technologies Co. 8. Date:

March 28, 1995

[ ] Check here if a copy of the document is being sent to Headquarters.

# HUMAN RADIATION EXPERIMENTS RECORDS PROVENANCE FORM

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|                                    | FOLDER: SAFETY-16 IODINE RADIATION EXPERIMENTS                      |
| FILE TITLE                         | IODINE SKIN PENETRATION EXPERIMENT<br>Roy-2-66N                     |
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DOCUMENT TITLE: IODINE SKIN PENETRATION EXPERIMENT Roy-2-66N
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| To H. H.                                | Ferguson                                   |                    |  |  |
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FOLDER EXPERIMENT ROY-2-66N

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#### IODINE SKIN ABSORPTION EXPERIMENT

### Purpose

For the individual participating in the Iodine Skin Pénetration Experiment to acknowledge that he understands the naturé and the purpose of the experiment (s) including the amount of radiation exposure involved. Note the attached form.

### Scope

This Standard Practice will apply to all Idaho Nuclear Corporation employees who participate in the Iodine Skin Penetration Experiment.

# Objective

To assure that each Idaho Nuclear employee participating in the Iodine Skin Penetration Experiment understands the nature and the purpose of the experiment (s) as well as the exposures to radiation associated with the experiment (s), and that each participant is voluntarily participating in this experiment of his own free will and accord.

# Responsibility

It shall be the responsibility of the Health and Safety Services Supervisor to assure that the participant does not receive an excessive exposure of radio-iodine to the thyroid, and that he is fully informed as to the nature, importance and purpose of the experiment, the manner in which it will be conducted and the degree of potential exposure.

The experiments will be conducted under competent medical supervision, presumably by Dr. George Voelz, the AEC Medical Doctor. Exposures will be closely controlled so as not to exceed at any time radiation guide limits established by the Federal Radiation Council. The doctor will selecte participants after personally interviewing all volunteers. He will summarize each interview and file a summary with the volunteer's medical record.

This experiment will involve exposing a small portion of the skin to radioiodine vapor. The dose to the thyroid from the penetration of the skin by the
vapor should not exceed 30 mrem. Based on current administrative controls, this
is one-twelfth (1/12) of a day's exposure. A whole body count will be made to
determine the amount of radio-iodine deposited in the body. (The TRA thyroid —
counter will be used to determine the amount of radio-iodine deposited in the
thyroid.)

The data from this experiment should contribute to the development of information as to the degree of penetration of iodine through the skin to the thyroid as result of a radio-iodine atmosphere. Participation in this experiment is to be considered within the scope of your employment with Idaho Nuclear Corporation.

Please read and sign the following statement signifying your willingness to participate in this experiment.

volunteered as an employee of Idaho Nuclear Corporation to participate in a scientific investigation to be conducted by Idaho Nuclear Corporation. I realize that my participation in the experiment may result in my receiving internally small quantities of the radioiosotopes of iodine which will be less than 10% of the radiation guide limits established in the Federal Radiation Council Report No. 1 for occupational radiation exposure. I understand that I will be required to undergo a physical examination under the direction of the Chief of the ID-USAEC Medical Branch, Health and Safety Division, prior to participation in the experiment, and that subsequent examinations will be required at the discretion of the Chief of the ID-USAEC Medical Branch, Health and Safety Division. I understand that a documented record of these investigations will be on file with both Idaho Nuclear Corporation and the ID Health and Safety offices as part of my occupational exposure and/or medical record.

### Witnesses:

| Signature | Signature | Signature |
|-----------|-----------|-----------|

|               | Employee              |       |                           |       |       | <del></del> | Date     |      |          |
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